

Case Number:	CM14-0125466		
Date Assigned:	08/11/2014	Date of Injury:	03/07/2012
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a licensed Doctor of Chiropractic and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 61 year old female patient with chronic low back pain, date of injury is 03/07/2012. Previous treatments include chiropractic, lumbar discectomy, medications, acupuncture, physical therapy, and home exercise program. Progress report dated 07/14/2014 by the treating doctor revealed the patient has been doing 5 sessions of chiropractic care which seems to help a little bit, still with significant leg and back, unhappy. Lumbar spine exam revealed pain with ROM, left lumbosacral region L4-5 facet, not able to perform heel walking, great toe extension +4/5, decreased sensation on the lateral leg and dorsum of the foot (L5) and sole of the foot and posterior leg (S1). Impression: status post lumbar discectomy with poor outcome, repeat elevated CRP and ESR along with inflammatory markers, consider WBC tagged bon scan if not better. The patient remained on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 sessions of chiropractic to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation; Massage Therapy Page(s): 58-59; 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely.

Decision rationale: According to the available medical records, this is a 61 year old female patient with chronic low back pain, date of injury is 03/07/2012. Previous treatments include chiropractic, lumbar discectomy, medications, acupuncture, physical therapy, and home exercise program. Progress report dated 07/14/2014 by the treating doctor revealed the patient has been doing 5 sessions of chiropractic care which seems to help a little bit, still with significant leg and back, unhappy. Lumbar spine exam revealed pain with ROM, left lumbosacral region L4-5 facet, not able to perform heel walking, great toe extension +4/5, decreased sensation on the lateral leg and dorsum of the foot (L5) and sole of the foot and posterior leg (S1). Impression: status post lumbar discectomy with poor outcome, repeat elevated CRP and ESR along with inflammatory markers, consider WBC tagged bone scan if not better. The patient remained on temporary total disability. Therefore the request for 8 sessions of Chiropractic to the lumbar spine is not medically necessary.